

**FAYETTE R-III SCHOOL DISTRICT**

705 Lucky Street, Fayette, MO 65248

(660) 248-2153

**APPLICATION FOR SUBSTITUTE TEACHING**

**PERSONAL**

Name and Address of Applicant:

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|              |          |             |                     |                    |
|--------------|----------|-------------|---------------------|--------------------|
| (First Name) | (Middle) | (Last Name) | (Social Security #) |                    |
| (Street)     | (City)   | (State)     | (Zip Code)          | (Telephone Number) |

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Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Specify days and hours you are available: \_\_\_\_\_

Hours you may be reached by phone: \_\_\_\_\_

Levels or areas you will substitute in: Elementary \_\_\_\_\_ Grade(s) \_\_\_\_\_  
Middle School \_\_\_\_\_ Subject(s) \_\_\_\_\_  
High School \_\_\_\_\_ Subject(s) \_\_\_\_\_

**EDUCATION AND PROFESSIONAL TRAINING**

| Name and Location of School or Institution | Date of Attendance | Major Subjects | Semester Hours in Major | Total Credit Hours |
|--|--------------------|----------------|-------------------------|--------------------|
| High School                                |                    |                |                         |                    |
| College/University                         |                    |                |                         |                    |
| College/University                         |                    |                |                         |                    |

Total number of College hours earned \_\_\_\_\_ Do you hold a certificate valid in this state? \_\_\_\_\_  
If so, what type is it? \_\_\_\_\_ What area/grade level is your certificate for? \_\_\_\_\_

**TEACHING/SUBSTITUTE TEACHING EXPERIENCE**

| Name and Location of School | Grade or Subject | Dates | Number of Months |
|-----------------------------|------------------|-------|------------------|
|                             |                  |       |                  |
|                             |                  |       |                  |
|                             |                  |       |                  |

**PERSONAL REFERENCES**

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
| 1. _____            | _____   | _____        |
| 2. _____            | _____   | _____        |
| 3. _____            | _____   | _____        |

**MILITARY SERVICE RECORD**

Have you ever served in the armed forces? \_\_\_\_ Yes \_\_\_\_ No If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**It is the policy of the Fayette R-III School District to provide equal opportunities for employment, promotion and education without regard to sex, age, color, religion, national origin or disability.**